

Case Number:	CM14-0044250		
Date Assigned:	06/20/2014	Date of Injury:	02/14/2013
Decision Date:	08/19/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that 54-year-old male was reportedly injured on 2/14/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/3/2014, indicated that there were ongoing complaints of right shoulder and low back pains. The physical examination demonstrated right shoulder, positive tenderness just over acromioclavicular joint (AC), limited range of motion, weakness compared to contralateral side and tenderness to palpation paraspinal muscles along thoracic and lower lumbar regions. No diagnostic studies were reviewed. Previous treatment included physical therapy, and medications. A request had been made for right shoulder MRI and was not certified in the pre-authorization process on 12/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: California guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation unless a red flag is noted. After 6 weeks of activity limitation, support of specialized imaging studies may be considered when physiological evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Based on the medical records provided, there was insufficient objective medical documentation supporting the need for this diagnostic study. Therefore, the request is deemed not medically necessary.